Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless & displays a valid OMS co  PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO-875  CLAIMS AS FILED – PART I  (Column 1) (Column 2) SMALL ENTITY OR SMALL ENTITY  FOR NUMBER FILED NUMBER EXTRA  BASIC FEE  BASIC FEE  G7 CFR 1.16(a))  TOTAL CLAIMS (37 CFR 1.16(a))  **I the difference in column 1 is less than zero, enter '0' in column 2.  CLAIMS AS AMENDED – PART II  (Column 1) (Column 2) Column 3) SMALL ENTITY  OR OTHER  SMALL ENTITY  OR TOTAL  CLAIMS AS AMENDED – PART II  (Column 1) (Column 2) (Column 3) SMALL ENTITY  OR OTHER  OR OTHER  SMALL ENTITY  OR OTHER  SMALL ENTITY  OR OTHER  OR OTHER  SMALL ENTITY  OR OR  SMALL ENTITY  OR OTHER  SMALL ENTITY  OR OR  SMALL ENTITY  OR OR  SMALL ENTITY  OR  OR  SMALL ENTITY  OR  OR  SMALL ENTITY  OR  OR  SMALL ENTITY  OR  OR  SMALL ENTITY  OR  OR  OR  SMALL ENTITY  OR  OR  OR  OR  OR  OR  OR  OR  OR  O	THAN
(Column 1) (Column 2) SMALL ENTITY OR SMALL E  FOR NUMBER FILED NUMBER EXTRA  BASIC FEE (37 CFR 1.16(a))  TOTAL CLAIMS (37 CFR 1.16(b))  NUMBER FILED NUMBER EXTRA  RATE FEE RATE  RATE  FEE OR  TOTAL  OR  TOTAL  OR  TOTAL  CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) SMALL ENTITY  OR  OR  TOTAL  OR  TOTAL  OR  OTHER TOTAL  OTHER TOT	ENTITY
BASIC FEE (37 CFR 1.16(a))  TOTAL CLAIMS (37 CFR 1.16(c))  INDEPENDENT CLAIMS (37 CFR 1.16(b))  MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))  *If the difference in column 1 is less than zero, enter '0' in column 2.  CLAIMS AS AMENDED – PART II  (Column 1)  (Column 2)  (Column 3)  SMALL ENTITY  OR  OTHER TOTAL  CLAIMS  REMAINING  REMAINING  REMAINING  REMAINING  REMAINING  PRESENT  RATE  ADDI-  RATE  PRESENT  RATE  ADDI-  RATE  PRESENT  RATE  ADDI-  RA	FEE S
BASIC FEE (37 CFR 1.16(a))  TOTAL CLAIMS (37 CFR 1.16(c))  INDEPENDENT CLAIMS (37 CFR 1.16(b))  MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))  *If the difference in column 1 is less than zero, enter "0" in column 2.  CLAIMS AS AMENDED - PART II  (Column 1)  (Column 2)  (Column 3)  SMALL ENTITY  OR  OTHER TOTAL  CLAIMS REMAINING  HIGHEST NUMBER PRESENT  RATE  ADDI-  RATE  PATE  OR  REMAINING  OR  OTHER TOTAL  PATE  PATE  PATE  PATE	\$
(37 CFR 1.16(c))  INDEPENDENT CLAIMS (37 CFR 1.16(b))  MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))  *If the difference in column 1 is less than zero, enter "0" in column 2.  CLAIMS AS AMENDED - PART II  (Column 1)  (Column 2)  (Column 3)  SMALL ENTITY  OR  OTHER 1  SMALL E  SMALL E  OR  FATT  OR  OTHER 1  SMALL E  OR  OTHER 1  OTH	
INDEPENDENT CLAIMS  (37 CFR 1.16(b))  MULTIPLE DEPENDENT CLAIM PRESENT  (37 CFR 1.16(d))  *If the difference in column 1 is less than zero, enter '0' in column 2.  CLAIMS AS AMENDED – PART II  (Column 1)  (Column 2)  (Column 3)  SMALL ENTITY  OR  OTHER TO SMALL ENTITY  OR  OTHER TO SMALL ENTITY  OR  OTHER TO SMALL ENTITY  SMALL ENTITY  OR  OTHER TO SMALL ENTITY  OTHER TO	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))  *If the difference in column 1 is less than zero, enter "o" in column 2.  *If the difference in column 1 is less than zero, enter "o" in column 2.  *CLAIMS AS AMENDED - PART II  *(Column 1)  *(Column 2)  *(Column 3)  *CLAIMS  *REMAINING  *REMAINING  *RESENT  *RATE ADDI-  *RATE ADDI-  **RATE ADDI-  **	
* If the difference in column 1 is less than zero, enter "0" in column 2.  CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) SMALL ENTITY  CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE ADDI-	
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) SMALL ENTITY OR OTHER TO SMALL ENTITY  CLAIMS HIGHEST PRESENT RATE ADDI-	<del></del>
(Column 1) (Column 2) (Column 3) SMALL ENTITY OR OTHER 3  CLAIMS HIGHEST PRESENT RATE ADDI-  REMAINING NUMBER PRESENT RATE ADDI-	***************************************
CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE ADDI-	ГНАИ
REMAINING NUMBER PRESENT RATE ADDI- PATT	
Total (37 CFR 1.16(c))  Independent (37 CFR 1.16(b))  Minus ***    X \$ _ =	:DDI- TIONAL FEE
Z Independent (37 CFR 1.16(b))	- 656
FIRST PRESENTATION OF MUCTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))	
TOTAL TOTAL ADD'L FEE OR ADD'L FEE	
(Column 1) (Column 2) (Column 3)	
CLAIMS REMAINING AFTER AMENDMENT  Total (27 CFR 1,16(c))  Independent  CLAIMS REMAINING NUMBER PREVIOUSLY PAID FOR  RATE ADDITIONAL FEE  X \$ _ =  OR  X \$ _ =  OR	ADDI- TIONAL FEE
O (3) C(E 1,16(c))    X S = OR X S =	1 2 2
Independent	
1 Mo Thesentition of Moetings Developed COOM (3/ O-R 1.16(0))	
TOTAL TOTAL ADD'L FEE OR ADD'L FEE	
(Column 1) (Column 2) (Column 3)	
CLAIMS   REMAINING   NUMBER   PRESENT   EXTRA   RATE   ADDITIONAL   FEE	ADDI- TIONAL FEE-
\[ \frac{1}{\text{Si Cr R 1.16(c)}} \] \[ \frac{1}{\text{Cr R 1.16(c)}} \] \[ \frac{1}{	
Z Independent (37 CFR 1.16(b))	<del></del>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))  +\$ = OR +\$ =	
TOTAL TOTAL ADDILISE	
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20", "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".	

The "Highest Number Proviously Pald For" (Total or Independent) is the highest number found in the appropriate bor in column 1.

This collection of internation is required by 37 CFR 1.15. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

. If you need assistance in completing the form, call 1-800-PTO-9199 and select-option 2:---